

ACR0037-US



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Technology Center 2600

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

CHI-MOU CHAO, ET AL.

Serial No.: 09/893,438

Filed: June 29, 2001

For: MULTIMODE FILTER

Art Unit: 2655

Examiner: HINDI, Nabil Z.

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

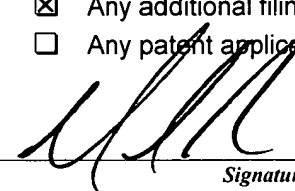
Sir:

In response to the Office Action mailed on June 21, 2004, please amend the above-identified application as follows:

No extension of time or other fees are believed to be due, except as detailed in the attached documents. However, any extension of time necessary to prevent abandonment is hereby requested, and any fee necessary for consideration of this response is hereby authorized to be charged to Deposit Account Number 50-1390.

**Amendments to the Claims:** reflected in the listing of claims that begins on page 2 of this paper.

**Remarks:** begin on page 6 of this paper.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>ACR0037-US</b>	
Applicant(s): <b>CHI-MOU CHAO, ET AL.</b>					
Serial No. <b>09/893,438</b>	Filing Date <b>June 29, 2001</b>	Examiner <b>HINDI, Nabil Z.</b>		Group Art Unit <b>2655</b>	
Invention: <b>MULTIMODE FILTER</b>				<b>RECEIVED</b> <b>SEP 23 2004</b> <b>Technology Center 2600</b>	
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1390</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: <b>September 21, 2004</b></div></div> <div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div style="width: 40%;"> _____ <i>Signature</i> <b>Michael D. Bednarek</b> Registration No. 32,329 <b>SHAW PITTMAN LLP</b> 1650 Tysons Boulevard McLean, VA 22102  Customer No. 28970</div><div style="width: 55%; border: 1px solid black; padding: 5px;"><div style="font-size: small;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div><div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div><div style="text-align: center; font-size: x-small;">Signature of Person Mailing Correspondence</div><div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div><div style="text-align: center; font-size: x-small;">Typed or Printed Name of Person Mailing Correspondence</div></div></div><div style="margin-top: 20px;">CC:</div></div>					

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): <b>CHI-MOU CHAO, ET AL.</b>	Docket No. <b>ACR0037-US</b>
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Serial No. <b>09/893,438</b>	Filing Date <b>June 29, 2001</b>	Examiner <b>HINDI, Nabil Z.</b>	Group Art Unit <b>2655</b>
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Invention: <b>MULTIMODE FILTER</b>	<b>RECEIVED</b> <b>SEP 23 2004</b> <b>Technology Center 2600</b>
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TO THE ASSISTANT COMMISSIONER FOR PATENTS:

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INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

☒ No additional fee is required for amendment.  
☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_  
 A duplicate copy of this sheet is enclosed.  
☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.  
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 A duplicate copy of this sheet is enclosed.  
☒ Any additional filing fees required under 37 C.F.R. 1.16.  
☐ Any patent application processing fees under 37 CFR 1.17.

Dated: **September 21, 2004**

<p><i>Signature</i></p> <p><b>Michael D. Bednarek</b>  <b>Registration No. 32,329</b>  <b>SHAW PITTMAN LLP</b>  <b>1650 Tysons Boulevard</b>  <b>McLean, VA 22102</b></p> <p><b>Customer No. 28970</b></p>	<p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p> <p style="text-align: center;">_____  <i>Signature of Person Mailing Correspondence</i></p> <p style="text-align: center;">_____  <i>Typed or Printed Name of Person Mailing Correspondence</i></p>
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CC: